

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001942 (1)

1. Corporation Name

HEAR MY HANDS INCORPORATED

Principal Place of Business

Mailing Address

P.O. BOX 10914
RIVIERA BEACH FL 33419-0914P.O. BOX 10914
RIVIERA BEACH FL 33419-0914

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

04/15/1994

3a. Date of Last Report

03/19/1996

4. FEI Number

65-0491604

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VIGON, SUZIE
1071 BIMINI LANE
SINGER ISLAND FL 33404

81

Name VIGON, SUZIE

82

Street Address (P.O. Box Number is Not Acceptable)

6381 CONROY Rd.

83

APT 1809

84

City ORLANDO

FL

85

Zip Code

32835

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	VIGON, SUZIE	
STREET ADDRESS	1071 BIMINI LANE	
CITY - ST - ZIP	SINGER ISLAND FL	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	COFFIN, LINDA	
STREET ADDRESS	109 A-2 HALFMOON CIRCLE	
CITY - ST - ZIP	HYPOLUXO FL	

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	PELSE, ROGER	
STREET ADDRESS	2605 112TH CT. NORTH	
CITY - ST - ZIP	PALM BEACH GARDENS FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LYONS, CHRISTINE	
STREET ADDRESS	175 CAPE POINTE CR.	
CITY - ST - ZIP	JUPITER FL 33477	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VIGON, SUZIE	
1.3 STREET ADDRESS	6381 CONROY Rd	
1.4 CITY - ST - ZIP	Orlando, FL 32835	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE	D.V.P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Litrenta, Katherine	
5.3 STREET ADDRESS	8332 Little Beth Dr E.	
5.4 CITY - ST - ZIP	Boynton Beach, FL 33437	

6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Pearson, Cheryllyn	
6.3 STREET ADDRESS	2103 21st Ln	
6.4 CITY - ST - ZIP	Palm Beach Gardens, FL 33418	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Suzie Vigon - President Feb 13/97 407 521 2285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0041567

CR2E037 (9/96)